

Attachment B - Health / Dental Insurance

	Actual Premium	City Subsidy FT, Elected & Appointed	Part Time
MEDICAL INSURANCE (Amounts are Semi Monthly - 24 pp / year)			
IHC SelectMed (HRA)			
Single	\$92.51	\$92.51	\$62.20
2 Party	\$158.96	\$158.96	\$110.16
Family	\$222.66	\$222.66	\$156.05
IHC SelectMed (Core)			
Single	\$114.98	\$92.51	\$62.20
2 Party	\$199.68	\$158.96	\$110.16
Family	\$280.83	\$222.66	\$156.05
ALTIUS Peak HMO (HRA)			
Single	\$95.19	\$92.51	\$62.20
2 Party	\$164.63	\$158.96	\$110.16
Family	\$230.65	\$222.66	\$156.05
ALTIUS Peak HMO (Core)			
Single	\$114.22	\$92.51	\$62.20
2 Party	\$199.43	\$158.96	\$110.16
Family	\$280.37	\$222.66	\$156.05
DENTAL INSURANCE (Amounts are Semi Monthly - 24 pp / year)			
DENTAL SELECT Gold (DMO)			
Single	\$7.66	\$7.66	\$6.76
2 Party	\$15.33	\$15.33	\$13.53
Family	\$23.00	\$23.00	\$20.28
DENTAL SELECT Platinum Plus (Indemnity)			
Single	\$17.35	\$7.66	\$6.76
2 Party	\$34.72	\$15.33	\$13.53
Family	\$52.06	\$23.00	\$20.28
DENTAL WAIVER CREDIT			
Single	\$3.83		
2 Party	\$7.66		
Family	\$11.50		

Note: Sandy City Corporation reserves the right to modify these benefits at times, and in ways, deemed appropriate and necessary to meet the needs of the city and its employees generally.